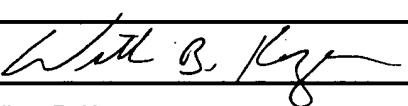
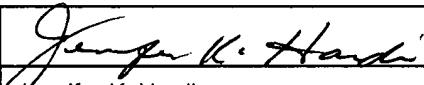
 <p><b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small></p>		Application Number	10/049,399
		Filing Date	August 11, 2000
		First Named Inventor	Stoddard, Barry L.
		Art Unit	1656
		Examiner Name	Nashaat T. Nashed
		Total Number of Pages in This Submission	3

ENCLOSURES (Check all that apply)					
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard			
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund				
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____				
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD				
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53					
<table border="1"> <tr> <td>Remarks</td> <td>The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.</td> </tr> </table>				Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William B. Kezer		
Date	January 19, 2006	Reg. No.	37,369

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jennifer K. Hardin	Date	January 19, 2006

## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

JAN 28 2005

FY 2005

(Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/049,399

Docket Number (Optional) 14538A-005310US

Filed August 11, 2000

For CRYSTAL OF A TRUNCATED PROTEIN CONSTRUCT  
 CONTAINING A COAGULATION FACTOR VIII C2 DOMAIN IN THE  
 PRESENCE OR ABSENCE OF A BOUND LIGAND AND METHODS OF  
 USE THEREOF

Art Unit 1656

Examiner Nashaat T. Nashed

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 510
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$ _____

Applicant claims small entity status. See 37 CFR 1.27.

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director has already been authorized to charge fees in this application to a Deposit Account.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430. I have enclosed a duplicate copy of this sheet.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the

applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

attorney or agent of record. Registration Number 37,369

attorney or agent under 37 CFR 1.34.  
 Registration number if acting under 37 CFR 1.34



Signature

January 19, 2006

Date

William B. Kezer, Reg. No. 37,369

Typed or printed name

925-472-5015

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of \_\_\_\_\_ forms are submitted.

1656  
 TFW  
 01/25/2006 TBE38AH1 00000002 P01430 1004399  
 01 FC-2253 510.00 DA